

Department of Labor and Industries

This form must be filled out by a Vocational Rehabilitation Counselor who has received a referral from the State Fund.

\*\*\*\* Counselor is responsible for sending a copy of this form to each vendor \*\*\*\*



# 2nd 52 WEEK PERIOD BOARD & ROOM COST ENCUMBRANCE



Original



Modification

Claimant:					Date	Claim Number	
Billing Category and Code	Vendor Name	Vendor Name	Vendor Name	Vendor Name	Previous 2nd 52 week Plan Expenditures	Total L&I Funds	
	Provider No.	Provider No.	Provider No.	Provider No.			
Board - R0360 (Food & Utilities)							
Rent - R0370 (Room & Furniture)							
Relocation - 0375R (1 time/life of claim)							
Vendor Funds Allocated							
Dates of Service	From: To:	From: To:	From: To:	From: To:			
»»»»»»»»»»»»»»»» Total L&I Board & Lodging Funds Expended 2nd 52 Weeks:							
»»»»»»»»»»»»»»»» Total L&I Board & Lodging Funds Allocated 2nd 52 Weeks:							

**NOTICE:**

- 1) Please attach a copy of this form to the Statement for Retraining and Job Modification Services form when submitting bill(s).
- 2) When billing includes refundable cleaning fees and/or start-up fees, the vendor(s) is/are reminded that any/all of the refund is to be returned to the Department of Labor and Industries.

Please include a copy of this form with your refund.

Refund Mailing address only:      ATTN: Cashiers Office  
 Department of Labor and Industries  
 PO Box 44835  
 Olympia WA 98504-4835

Vocational Counselor:	Date	Signature
Company	Phone No.	FAX No.

**For Dept Use Only**

Claims Manager <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	Date	Phone No.	Signature
Supervisor of Industrial Insurance <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date	Phone No.	Signature